

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/21/2011

FORM APPROVED

OMB NO. 0938-0391

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|---|--|---|--|--|--|---|----------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                     |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>155064 |  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING _____                            |  | (X3) DATE SURVEY<br>COMPLETED<br>03/07/2011 |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br>FAIRMONT REHABILITATION CENTER, LLC |  |   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>3518 SOUTH LAFOUNTAIN STREET<br>KOKOMO, IN46902 |  |   |                            |
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| F0000   | <p>This visit was for the investigation of complaint IN00086620.</p> <p>Complaint IN00086620 - Substantiated, federal/state deficiencies related to the allegation are cited at F-157, F-246, F-272, F-325, and F-327.</p> <p>Unrelated deficiency cited</p> <p>Survey date: March 4 and 7, 2011</p> <p>Facility number: 000025<br/>Provider number: 155064<br/>AIM number: 100274850</p> <p>Survey team:<br/>DeAnn Mankell, RN</p> <p>Census bed type:<br/>SNF: 14<br/>SNF/NF: 48<br/>Total: 62</p> <p>Census payor type:<br/>Medicare: 14<br/>Medicaid: 44<br/>Other: 4<br/>Total: 62</p> <p>Sample: 3<br/>Supplemental Sample: 4</p> <p>These deficiencies also reflect state</p> |   |  | F0000  | <p>The statements made on the Plan of Correction are not an admission to, and do not constitute an agreement with, the alleged deficiencies herein. The Plan of Correction is offered because it is required by State and Federal law.</p> |   |                            |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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|   | findings in accordance with 410 IAC 16.2.<br><br>Quality review completed 3-9-11<br>Cathy Emswiller RN                       |   |  |  |  |   |                            |

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| F0157<br>SS=D   | <p>Based on record review, and interview, the facility failed to notify the resident's physician of a significant weight loss in a 3 week period for 1 of 2 residents with weight loss in a sample of 3 (Resident B).</p> <p>Findings include:</p> <p>1. Resident B's clinical record was reviewed on 3/7/11 at 9:26 A.M.</p> <p>Resident B's diagnoses included, but were not limited to, arthritis, osteoporosis, hypertension, anxiety, constipation, and a history of dehydration.</p> <p>Resident B's admission weight was 117 pounds on 2/8/11.</p> <p>Resident B's next weight was 109.4 pounds on 2/28/11. She was reweighed later in the week and weighed 109.2 pounds. This was a 7.6 % weight loss within 3 weeks as documented by the facility.</p> |   |  | F0157  | <p>Corrective Action: Resident B MD notified on 3/7/2011 @ 2:00 PM of residents weight loss. New order for Megace ES received and MD requested that all refusals be documented in the clinical record. Residents continuously refused Megace ES . MD notified and order received to DC on 3/10/2011. Order from MD to add fortified foods. Identification: Current residents have the potential to be affected by this deficient practice. Licensed staff were re- inserviced on the Policy on Notification. System Change: Clinical records and 24 hour reports are reviewed daily (Monday thru Friday) in our clinical meetings. Clinical records are taken to the meeting and reviewed to assure appropriate documentation of MD and family have been completed. Failure to comply with policy will result in one- one inservice or Counseling Corrective Action given. Monitoring: DON/Designee or Charge reviews clinical records in clinical meetings daily (Monday thru Friday) Audits are completed weekly for 3 weeks , monthly for 3 months and quarterly for 3 quarters. Any identified trends ar reviewed in our monthly clinical meetings and Improvementt Plans implemented. Addendum: Any identiifed trends will be reviewed at the monthly Clinical meeting. Any identified issues will be referred to Quarterly QAA</p> |   | 04/06/2011                 |

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|   | <p>The physician ordered "Megace ES (extra strength) oral susp (suspension) 625 mg (milligrams)/day (for) anorexia." on 2/21/11. This order was for 30 days.</p> <p>This order was clarified on 2/22/11 with the reason for the medication as "appetite stimulant."</p> <p>The MAR (Medication Administration Record) for February 2011 indicated the Megace was circled on 2/23, 2/24, 2/26, 2/27, 2/28. The 2/25 date was blank. This charting indicated the resident didn't receive any of the Megace. There was a DC (discontinued) on 2/28/11.</p> <p>The physician's orders dated 2/28/11 indicated "D/C (discontinue) Megace ES susp 625 mg/day D/T (due to) increased appetite."</p> <p>The dietitian's note dated 3/3/11 indicated "Mar (March) wt (weight)</p> |   |  |  | <p>committee. The QAA committee may discontinue any further monitoring if no trends are identified.</p>                  |   |                            |

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|   | <p>109.4 # down 7.6 # in 30 days (6%). Wt. loss due to low food intake. Res having emesis, intake 25%. Receiving shake tid (3 times a day). Will add fortified foods...."</p> <p>The clinical record lacked any indication of the physician being notified of the 6% weight loss.</p> <p>During an interview with the DON on 3/7/11 at 1:20 P.M., she indicated she was unaware of the resident's physician being notified of the weight loss, but he would be notified today.</p> <p>The undated "Weight Management Recommendations" provided by the DON on 3/7/11 at 1:20 P.M., indicated "2. The physician, the registered dietitian, and the responsible/legal representative are to be notified immediately when a resident has demonstrated a significant unplanned weight loss or gain....Respond promptly to the physician orders and the register dietitian's recommendations."</p> |   |  |  |  |   |                            |

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|   | This federal tag relates to complaint<br>IN00086620.<br><br>3.1-5(a)(2)<br>3.1-5(a)(3)                                       |   |  |  |  |   |                            |

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| F0246<br>SS=E   | <p>Based on observation the facility failed to ensure residents were able to reach their call lights for 5 residents with 1 resident in the sample of 3 residents and 4 residents in the supplemental sample of 4 residents (Resident A, Resident D, Resident E, Resident F, and Resident G).</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. During the facility tour on 3/4/11 with the DON (Director of Nurses) at 10:00 A.M., Resident D's room was observed. Resident D was lying in her bed. Her call light was on the floor.</li> <li>2. During the facility tour on 3/4/11 with the DON (Director of Nurses) at 10:05 A.M., Resident E's room was observed. Resident E was lying in her bed. Her call light was clipped to the curtain out of her reach.</li> <li>3. During the facility tour on 3/4/11 with the DON (Director of Nurses)</li> </ol> |   |  | F0246  | <p>Correction: Residents A,DE,F, and G had their call lights correctly placed at time of survey tour. Identification: Current residents are at risk with this deficient practice. Inservice staff on correct placement of call lights. When residents are in chairs or out of bed the call light must be placed in reach to assure access of staff for assistance. System Change: A review of the current system was addressed with the facility staff regarding the appropriate placement of call lights for current residents. Nursing staff was re inserviced on the appropriate procedure. Staff failing to comply with this requirement will have one -one inservice or a Counseling Corrective Action completed. Monitoring: Call light audit are being completed weekly for 3 weeks , monthly for 3 months and quarterly for 3 quarters. Also, audits will be completed on weekends to assure compliance. Any trends identified will be reviewed at our monthly clinical meeting with Improvement Plans implemented. Addendum: Call lights will be completed on all shifts 7 days a week. On an ongoing basis call light audits will be completed on 10% of residents able to utilize call lights at-least weekly. Any identified trends will be reviewed at our Clinical meeting held monthly with referral to our Quarterly QAA meeting. At the</p> |   | 04/06/2011                 |

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|   | <p>at 10:08 A.M., Resident F's room was observed. Resident F was lying in his bed. His call light was on the floor.</p> <p>4. During the facility tour on 3/4/11 with the DON (Director of Nurses) at 10:10 A.M., Resident G's room was observed. Resident G was lying in her bed. Her call light was clipped to the curtain out of his reach.</p> <p>5. During the facility tour on 3/4/11 at 10:15 A.M., with the DON (Director of Nurses), Resident A's call light was clipped to the curtain beside the bed out of the reach of the resident who was lying in bed.</p> <p>This federal tag refers to complaint IN00086620.</p> <p>3.1-3(v)(1)</p> |   |  |  | <p>conclusion of no further trending issues the monitoring may be discontinued.</p>                                      |   |                            |



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| F0272<br>SS=D   | <p>Based on record review and interview, the facility failed to correctly assess 1 resident with dehydration and put interventions in place to prevent dehydration and to re-assess 1 resident with a history of dehydration before discontinuing a care plan for dehydration for 2 of 3 residents in a sample of 3 (Resident A and Resident B).</p> <p>Findings include:</p> <p>1. Resident A's clinical record was reviewed on 3/4/11 at 10:38 A.M.</p> <p>Resident A's diagnoses included, but were not limited to chronic kidney disease, dementia, coronary artery disease, anemia, multi-infarct dementia, CVA (cerebral vascular accident [stroke]) with right arm weakness, HTN (hypertension), CABG (coronary artery bypass graft), bladder cancer, and respiratory failure.</p> <p>Resident A was admitted to the</p> |   |  | F0272  | <p>Corrective Action: Resident's B Dehydration Risk Assessment was reassessed on 3/4/2011 and appropriate intervention were implemented. Resident's A Dehydration Risk assessment was reassessed on 3/21/2011 and appropriate interventions implemented. Identification: Current resident's are potentially at risk for this deficient practice. New baseline Dehydration Risk Assessments have been completed for current resident's. Licensed staff re-inserviced on new process. System Change: A new Hydration Risk Evaluation has been implemented to better evaluate residents hydration needs. All new admissions Intake and Output will be assessed for 72 hours per facility protocol to determine resident's fluid intake needs. If determined to be at risk for dehydration resident will be placed on I &amp; O. Monitoring: DON, Designee or Charge nurse will review daily intake records for residents on I &amp; O. If fluid needs are not met the attending MD will be notified for further orders. Audits of I &amp; O records will be completed weekly for 3 weeks, monthly for 3 months and quarterly for 3 quarters. Any identified trends will be reviewed at our monthly clinical meeting with Improvement Plans implemented. Addendum: Any identified trends will be reviewed</p> |   | 04/06/2011                 |

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|   | <p>facility on 2/1/11.</p> <p>A "Dehydration Risk Assessment" was completed on 2/1/11. The total score was 8 indicating the resident was at high risk for dehydration.</p> <p>A progress note from the hospital dated 2/20/11 indicated the resident had "1. acute renal failure related to dehydration. 2. Chronic renal failure...."</p> <p>Resident A returned to the facility on 2/24/2011 with diagnoses of "hypernatremia, acute renal failure."</p> <p>The "Dehydration Risk Assessment" was updated on 2/24/11. The total score was 8 indicating the resident was at high risk for dehydration.</p> <p>During an interview with the DON on 3/4/11 at 3:55 P.M., she indicated both assessments were not correct. The resident did not have "drinks less than 75% of</p> |   |  |  | <p>at the monthly Clinical meeting. Any continuing identified issues will be referred to our Quarterly QAA committee. The QAA committee may discontinue any further monitoring if no trends are identified.</p> |   |                            |

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|   | <p>fluids offered during the day"</p> <p>marked or the correct number for predisposing conditions, nor the increased lab values. Having these marked would have made the total number higher. The risk would not be changed as the resident was at high risk for dehydration.</p> <p>2. Resident B's clinical record was reviewed on 3/7/11 at 9:26 A.M.</p> <p>Resident B's diagnoses included, but were not limited to, arthritis, osteoporosis, hypertension, anxiety, constipation, and a history of dehydration.</p> <p>Resident B had a "Dehydration Risk Assessment" completed on 2/8/11 upon admission. The total score was 10 placing the resident at high risk for dehydration.</p> <p>Resident B had a care plan for dated 2/16/11 for the problem of "(Name) is at risk for dehydration r/t (related to) dx. (diagnosis) of pneumonia." This care plan was</p> |  |                     |  |  |  |  |

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|   | <p>discontinued on 2/24/11.</p> <p>During an interview with the MDS (Minimum Data Set) coordinator on 3/7/11 at 10:33 A.M., she indicated she had discontinued the care plan because the resident no longer had the pneumonia. She indicated a new assessment to determine if the resident was no longer at risk for dehydration had not been completed.</p> <p>This federal tag refers for complaint IN00086620.</p> <p>3.1-31(a)<br/>3.1-31(c)(1)<br/>3.1-31(c)(2)</p> |   |  |  |  |   |                            |

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| F0281<br>SS=D   | <p>Based on observation, record review, and interview, the facility failed to change an ordered dressing to a wound on a wrist for 1 of 1 resident with a wound on his wrist in a sample of 3 (Resident A).</p> <p>Finding include:</p> <p>1. Resident A was observed in the physical therapy room on 3/7/11 at 11:21 A.M. He had an undated dressing on his right wrist. During an interview at that time, the Physical Therapy Manager looked at the dressing and indicated there was not a date on the dressing.</p> <p>Resident A's treatment record was reviewed on 3/7/11 at 11:23 A.M. The treatment record indicated an order for "Cleanse (R) (right) hand skin tear c (with) N.S. (normal saline), pat dry, apply bacitracin (an antibiotic ointment), cover c non-adhesive pad, wrap c kerlix (a dressing) x 7 days then re-eval (evaluate)." There were initials for the 10-6 shift on 3/3/11. There</p> |   |  | F0281  | <p>Correction: Residents A dressing to R wrist was changed immediately when brought to RN's attention and dated and timed as per policy. The dressing change was noted on the TAR and signed off by nurse completing dressing change. Identification: Current residents potentially are affected by this deficient practice. Licensed Nursing staff to review TAR's on daily basis per shift for completion of treatments. If treatment has not been completed as ordered, the MD and family are to be notified and treatment completed with the appropriate documentation on the TAR. System Change: Licensed Staff was re- inserviced on appropriate treatment procedure. Any staff not complying will have one - one inservice completed or receive Counseling Corrective Action. Monitoring: Treatment records are being reviewed daily by DON / Designee or Charge Nurse to assure treatments are being completed per MD order and appropriate documentation is recorded. Audits will be completed weekly for 3 weeks, monthly for 3 months and quarterly for 3 quarters. Any trends identified will be reviewed at our monthly clinical meeting with Improvement Plans implemented. Addendum: Any identified trends will be reviewed at the monthly Clinical</p> |   | 04/06/2011                 |

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/21/2011

FORM APPROVED

OMB NO. 0938-0391

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|   | <p>were no initials for 3/4/11, 3/5/11,<br/>and 3/6/11.</p> <p>Resident A's physician's orders<br/>were reviewed on 3/7/11 at 11:25<br/>A.M. The orders indicated an order<br/>for "Cleanse (R) (right) hand skin<br/>tear c (with) N.S. (normal saline),<br/>pat dry, apply bacitracin, cover c<br/>non-adhesive pad, wrap c kerlix x 7<br/>days then re-eval (evaluate)."</p> <p>During an interview with the DON<br/>(Director of Nurses) on 3/7/11 at<br/>11:40 A.M., the DON indicated the<br/>dressing change should have been<br/>charted, if it was done.</p> <p>3.1-35(g)(1)</p> |   |  |  | <p>meeting. Any continuing identified<br/>issues will be referred to our<br/>Quarterly QAA meeting. The<br/>QAA committee may discontinue<br/>any further monitoring if no<br/>trends are identified.</p> |   |                            |

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| F0325<br>SS=G   | <p>Based on observation, record review, and interview, the facility failed to implement approaches to prevent a significant weight loss in a 3 week period for 1 of 2 residents with weight loss in a sample of 3 (Resident B).</p> <p>Findings include:</p> <p>1. Upon interview, during the facility tour on 3/4/11 at 10:05 A.M., with the DON (director of nurses) Resident B was identified as having weight loss.</p> <p>Resident B was observed on 3/4/11 at lunch at 12:45 P.M. She ate 40% of her food and 80% of the fluids.</p> <p>Resident B's clinical record was reviewed on 3/7/11 at 9:26 A.M.</p> <p>Resident B's diagnoses included, but were not limited to, arthritis, osteoporosis, hypertension, anxiety, constipation, and a history of dehydration.</p> |  | F0325               | <p>Corrective Action: Resident B meal intake record was reviewed and her weight loss assessed. MD and family notified. The order for chocolate shakes was reviewed and added to the MAR to assure that appropriate documentation of residents consumption. Identification: Current residents have the potential to be affected by this deficient practice. An inservice on Facility Weight Management Program for DON, CDM and ancillary clerk was completed. Weekly weight meetings are conducted. Supportive documentation and interventions are included in the weekly report. Copies are provided to the Administrator. System Change: CDM/Designee review Food Consumption records. Residents having decreased food intake or refusals of meals are reviewed at clinical meeting daily (Monday thru Friday). Residents are offered substitutes. Residents continuing to have decreased appetite are referred to the RD for further dietary interventions. MD and family are notified by nursing with appropriate documentation in the clinical record. Monitoring: CDM/Designee review food intake records and report any identified issues to the DON. DON/designee will follow up with notification of family and MD. Audits are completed weekly for 3 weeks, monthly for 3 months and quarterly for 3 quarters. Any</p> |  | 04/06/2011                                 |  |

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|   | <p>Resident B's admission weight was 117 pounds on 2/8/11.</p> <p>Resident B's next weight was 109.4 pounds on 2/28/11. She was reweighed later in the week and weighed 109.2 pounds. This was a 7.6 % weight loss within 3 weeks per the facility calculation.</p> <p>Resident B's weight on 3/7/11 was 112 pounds. The resident was weighed after lunch.</p> <p>The dietary manager's progress note dated 2/16/11 at 8:06 A.M., indicated ".... weight is 117 #... intakes bkfst (breakfast) 15-50%, lunch 75%, Dinner 25-50%. Fluids 600-900 cc per meals. Will recommend add Choc Healthshakes tid between meals due to low intakes and dx (diagnosis) dehydration...."</p> <p>There was a physician's order dated 2/16/11 for "Chocolate Health Shakes TID (3 times a day) between meals D/T (due to) low intakes."</p> |   |  |  | <p>identified trends are reviewed at our monthly clinical meetings and Improvement Plans Implemented. Addendum: Nutrition at Risk Meetings will continue weekly., the DON, CDM and ancillary clerk will attend the meetings. Any resident who has experienced a weight loss or gain will be reviewed at this meeting and placed on a weekly weights as deemed necessary. Residents who exhibit a 5% weight loss or gain will be included in the weekly audits. Any identified trends will be reviewed thru our monthly Clinical meeting and a report given at our Quarterly QAA meeting.</p> |   |                            |



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|   | <p>Review of the MAR (Medication Administration Record) and TAR (Treatment Administration Record) indicated a lack of documentation of the chocolate Health Shakes for February or March 2011.</p> <p>During an interview with LPN #1 on 3/7/11 at 10:30 A.M., she indicated she didn't chart the health shake intakes anywhere in the clinical record.</p> <p>When Resident B was interviewed on 3/7/11 at 11:45 A.M., she indicated she didn't get any shakes between meals. The visitor in the room with her indicated she had not seen any shakes for the resident, either.</p> <p>Resident B's "Nutritional History/Assessment" dated 2/17/11 indicated she had "some depletion of visceral prot (protein) stores, received vitamin supplements.... present diet intake inadequate to meet needs, wt. (weight) loss likely,</p> |   |  |  |  |   |                            |

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|   | <p>will request Megace ES to stimulate appetite."</p> <p>The physician ordered "Megace ES (extra strength) oral susp (suspension) 625 mg (milligrams)/day (for) anorexia." on 2/21/11. This order was for 30 days.</p> <p>This order was clarified on 2/22/11 with the reason for the medication as "appetite stimulant."</p> <p>The MAR (Medication Administration Record) for February 2011 indicated the Megace was circled on 2/23, 2/24, 2/26, 2/27, 2/28. The 2/25 date was blank. This charting indicated the resident didn't receive any of the Megace. There was a DC (discontinued) on 2/28/11.</p> <p>During an interview with the DON on 4/7/11 at 11:50 A.M., she didn't know why the resident didn't receive the Megace as there was no explanation on the back of the</p> |   |  |  |  |   |                            |

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|   | <p>MAR. The nurses' notes indicated on 2/23/11 and 2/16/11, the resident had refused all medications, but all of the other days she was compliant with taking medications or there was no explanation written in the nurses' notes as to the reason the Megace as held.</p> <p>The food intake documentation for February 2011 indicated the following:<br/>           2/21/11 intake of 10% at breakfast only, with refusals for lunch and dinner<br/>           2/22/11 intake of 25% at breakfast and dinner with refusal for lunch<br/>           2/23/11 intake of 100% at lunch, 22% at dinner, and refusal for breakfast<br/>           2/24/11 intake of 30% at dinner and nothing at breakfast and lunch.<br/>           2/25/11 intake of 25% at breakfast and lunch, and 50% at dinner<br/>           2/26/11 intake of 25% at breakfast and lunch, and 100% at dinner<br/>           2/27/11 intake of 25% at breakfast and lunch, an 75% at dinner<br/>           2/28/11 intake of 50% at breakfast,</p> |   |  |  |  |   |                            |

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|   | <p>10% at lunch, and bites at dinner</p> <p>The physician's orders dated 2/28/11 indicated "D/C (discontinue) Megace ES susp 625 mg/day D/T (due to) increased appetite."</p> <p>The food intake documentation for March 2011 indicated the following:<br/>           3/1/11 intake of 15% at breakfast, 50% at lunch and dinner<br/>           3/2/11 intake of 25% at breakfast and lunch, 50% at dinner<br/>           3/3/11 intake of 50% at breakfast, refused lunch, 25% at dinner<br/>           3/4/11 50% at all 3 meals<br/>           3/5/11 50% at breakfast and dinner, 30% at lunch<br/>           3/6/11 50% at breakfast and dinner, 75% at lunch<br/>           3/7/11 50% at breakfast and lunch</p> <p>The dietitian's note dated 3/3/11 indicated "Mar (March) wt (weight) 109.4 # down 7.6 # in 30 days (6%). Wt. loss due to low food intake. Res having emesis, intake</p> |   |  |  |  |   |                            |

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|   | <p>25%. Receiving shake tid. Will add fortified foods...."</p> <p>Resident B's care plan, date 2/15/11, for the problem of "(Name) is at risk nutritionally due to thereuptic (sic) diet need, 2/18/11 low intakes, 3/3/11 encanced (sic) diet need" The approaches were 1. Diet as ordered (NAS) (no added sodium) (enhanced). 2. Honor food preferences. 3. Monitor intakes, weight, and labs as available. 4. Healthshakes tid. Supplements as ordered."</p> <p>The undated "Weight Management Recommendations" provided by the DON on 3/7/11 at 1:20 P.M., indicated "1. The resident's weight is to be obtained at the time of admission to the facility and should be monitored each week until it is determined that the new resident's weigh is stable. If a resident leaved the facility and returns to the facility following an acute spell of illness, the facility should: If</p> |   |  |  |  |   |                            |

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|   | <p>possible, weigh the resident before they leave the facility and document. Weigh the resident upon return to the facility and document. Monitor the weight of the resident each week until it is evident that the resident's weight has stabilized. 2. The physician, the registered dietitian, and the responsible/legal representative are to be notified immediately when a resident has demonstrated a significant unplanned weight loss or gain....Respond promptly to the physician orders and the register dietitian's recommendations."</p> <p>This federal tag relates to complaint IN00086620.</p> <p>3.1-46(a)(1)</p> |   |  |  |  |   |                            |

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| F0327<br>SS=G   | <p>Based observation, record review, and interview, the facility failed to ensure a resident had sufficient fluids to prevent dehydration resulting in the hospitalization of 1 of 1 resident with dehydration in a sample of 3 (Resident A).</p> <p>Findings include:</p> <p>1. During the facility tour on 3/4/11 at 10:10 A.M., with the DON (Director of Nurses), Resident A's over bed table was on the right side of the resident's bed, but there was no water pitcher on the table. His call light was clipped to the curtain beside the bed out of the reach of the resident who was lying in bed.</p> <p>During an interview with the DON on 3/4/11 at 10:30 A.M., she indicated the resident didn't have water at his bedside, but the staff would take him fluids of cranberry juice during the day.</p> <p>Resident A's clinical record was</p> |   | F0327               | <p>Corrective Action: Resident A water pitcher is removed related use of Thickened Liquids as per facility policy. Resident is offered thickened liquids by staff frequently throughout the day. 3/4/11 new Dehydration Assessment completed and appropriate interventions were implemented per Care Plan. Identification: Current residents have the potential to be affected by this deficient practice. New baseline Dehydration Assements have been completed on current residents. Inservice for Licensed Nurses completed on use of new from. System Change: Implementaion of new Hydrations Risk Evaluation implemented to better evaluate residents hydration needs. Intake and Output initiated on all new admissions for 72 hours to establish baseline hydration needs, I &amp; O implemented on those residents determined to be risk. Monitoring: I &amp; O records are being reviewed daily (Monday thru Friday) by DON, /Designee or Charge Nurse to assess hydration issues. Audits are completed weekly for 3 weeks , monthly for 3 months and quarterly for 3 quarters. Any identified trends will be reviewed at our monthly clinical meeting and Improvement Plans implemented. Addendum: I &amp; O records will be reviewed at the dalily Clinical meeting for residents determined to be at risk</p> |  | 04/06/2011                                  |  |

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|   | <p>reviewed on 3/4/11 at 10:38 A.M.</p> <p>Resident A's diagnoses included, but were not limited to chronic kidney disease, dementia, coronary artery disease, anemia, multi-infarct dementia, CVA (cerebral vascular accident [stroke]) with right arm weakness, HTN (hypertension), CABG (coronary artery bypass graft), bladder cancer, and respiratory failure.</p> <p>Resident A was admitted to the facility on 2/1/11.</p> <p>A "Dehydration Risk Assessment" was completed on 2/1/11. The total score was 8 indicating the resident was at high risk for dehydration.</p> <p>The facility dietitian assessed Resident A on 2/3/11 with the following observation of the resident's mental status: "alert, confused, able to make needs known at times." The dietitian recommendations were: "Estimated fluid needs ... 1955 c.c. (cubic</p> |   |  |  | <p>for Hydration issues. This review will include at least 10% of residents on I &amp; O . Any identified trends will be reviewed at the monthly Clinical meeting. Any continuing identified issues will be referred to our Quarterly QAA meeting. The QAA committee may discontinue any further monitoring if no trends are identified.</p> |   |                            |



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|   | <p>centimeter)/day.... Res. (resident) needed extensive assistance at meal. Labs indicate elevated BS (blood sugar), adequate electrolyte balance...." The dietitian indicated Resident A's eating ability was "set-up, partial assist, and full assist."</p> <p>The nurses' notes dated 2/3/11 indicated ".... Takes fluids well...."</p> <p>The DM's (dietary manager) progress note written of 2/8/11 at 12:27 P.M. indicated "(name) is on a NAS (no added salt) diet due to dx (diagnosis) HTN (hypertension) Weight 142.6 #.... Normal intakes 50-75% at meals fluids 700-900 cc at meals. (name) is total assist at meals with no chewing/swallowing issues...."</p> <p>The daily Dehydration Assessment for February 2011 indicated the resident was "at risk - monitor." This assessment had not been completed on 2/1/11, 2/2/11, 2/4/11, 2/5/11, 2/6/11, 2/7/11,</p> |   |  |  |  |   |                            |

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|   | <p>2/8/11, 2/9/11, 2/10/11, 2/11/11, 2/12/11, 2/13/11, 2/14/11, 2/15/11, and 2/16/11. He was sent to the ER (emergency room) on 2/16/11 for dehydration.</p> <p>The Dietary Intake Record for February 2011 indicated Resident A had a total fluid intake of 0 on 2/1/11, 0 on 2/2/11, 600 ml (milliliters) on 2/3/11, 680 ml, 2/4/11, 720 ml. on 2/5/11, 720 ml. on 2/6/11, 720 ml. on 2/7/11, 720 ml. on 2/8/11, 840 ml. on 2/9/11, 480 ml. on 2/10/11, 600 ml. on 2/11/11, 580 ml. on 2/12/11, 720 ml. on 2/13/11, 480 ml. on 2/14/11, 480 ml. on 2/15/11, 480 ml. on 2/16/11. He was sent to the ER on 2/16/11 for evaluation and treatment of dehydration.</p> <p>The nurses' notes dated 2/16/11 indicated the following:<br/>2:45 P.M. "Res family... requesting a KUB (kidney, ureters, bladder)(an X-ray of the abdomen) done on res. d/t (due to) abdominal pain,. Res, also having itching...."</p> |   |  |  |  |   |                            |

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|   | <p>3:10 P.M. "...KUB results....'Abdomen is unremarkable....'"</p> <p>6:20 P.M. "... res to have CBC (complete blood count) &amp; BMP (basic metabolic panel)... STAT (immediately).... Res. did not eat well @ (at) dinner. Was fed a pureed diet by staff et res. let food run out of his mouth...."</p> <p>7:35 P.M. "Rec. (Received) call from lab c (with) critical lab results. BUN (blood urea nitrogen) 98, sodium 163. Called results for (name of physician). He states to send resident to ER."</p> <p>The labs obtained on 2/16/11 indicated the following:<br/>The BUN was 98, which was a critical high level, with normals of 8-26 mg/dL, the creatinine was 3.53, which was high, with normals of 0.70 - 1.20 mg/dL, the sodium was 163, which was a critical high, with normals of 136-144 mmol/L, the chloride was 129, which was high, with normals of 98-108 mmol/L, the WBC (white blood</p> |   |  |  |  |   |                            |

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|   | <p>cell) was 14.6, which was high, with normals of 4.5 - 10.4, the HGB (hemoglobin) was 16.9, which was high, with normals of 11.7 - 16.0 gm/dL, the HCT(hematocrit) was 50.2, which was high, with normals of 36 - 47.1 %.</p> <p>According to "Lippincott Manual of Nursing Practice Handbook" third edition, pages 352 &amp; 353 in the section of "fluid and electrolyte imbalance,: indicated "2. Hemoglobin and hematocrit will be increased with hypovolemia (low fluid or dehydration). 3. Blood urea nitrogen and creatinine will be increased with hypovolemia, and with electrolyte imbalances caused by renal failure. 5.... chloride is directly related to sodium." One cause of "hypernatremia (high sodium)" was listed as "water deprivation...."</p> <p>The nurses' notes dated 2/16/11 at 10:15 P.M. indicated "Called (name) ER for update on res. Was informed res is being admitted with</p> |  |                     |  |  |  |  |

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|   | <p>hypernatremia, pneumonia, dehydration et acute RF (renal failure)."</p> <p>A progress note from the hospital dated 2/20/11 indicated the resident had "1. acute renal failure related to dehydration. 2. Chronic renal failure...."</p> <p>Resident A's Admission Plan of Care dated 2/1/2011 indicated a problem of "Pot. (potential) for dehydration r/t (related to) new admission to ECF (extended care facility)." The interventions included, but were not limited to, "1, Nurses will monitor/document signs/symptoms of dehydration for 5 days. 2. Evidence of dehydration will be reported to physician immediately. 3. FSM (Food Service Manager) will determine fluid preferences of the resident. 4. FSM will provide fluid preferences of the resident at bedside, on hydration cart &amp; with meals. 5. CNA's will doc. (document) fluid consumption and report resident</p> |   |  |  |  |   |                            |

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|   | <p>fluid tolerances to charge nurse. 6. The fluid intake will be reviewed by the NAR (nutrition at risk) committee each week for 4 weeks or until stabilized. 7. Observed for symptoms of UTI."</p> <p>Resident A's Care Plan for "Dehydration" dated 2/2/2011 for the problem of "At risk for dehydration" indicated the resident "will consume at least 1200-1800 cc (cubic centimeters) of fluids per day to meet calculated requirements." The approaches included, but were not limited to ".... Monitor for physical signs/symptoms of dehydration...."</p> <p>Resident A returned to the facility on 2/24/2011 with diagnoses of "hypernatremia, acute renal failure."</p> <p>A "Dehydration Risk Assessment" was completed on 2/24/11. The total score was 8 indicating the resident was at high risk for dehydration.</p> |   |  |  |  |   |                            |

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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|   | <p>The dietitian completed a reassessment of the resident on 3/3/11. This reassessment indicated Resident A had estimated fluid needs of 1980 cc/day.</p> <p>The February 2011 "Intake and Output Record" indicated the following intakes:<br/>2/24/11- 360 cc for one shift only<br/>2/25/11 - 2040 cc<br/>2/26/11 - 1560 cc<br/>2/27/11 - 1460 cc<br/>2/28/11 - 1460 cc</p> <p>There were no entries before 2/24/11.</p> <p>The March 2011 "Intake and Output Record" indicated the following intakes:<br/>3/1/11 - 1080 cc<br/>3/2/11 - 1580 cc<br/>3/3/11 - 1320 cc<br/>3/4/11 - 1720 cc</p> <p>The March 2011 "Dietary Intake Record" indicated Resident A had</p> |   |  |  |  |   |                            |

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|   | <p>gotten 1440 ml of fluids on 3/1/11,<br/>1440 ml of fluids on 3/2/11, 1080<br/>ml of fluids on 3/3/11.</p> <p>Review of the undated "Hydration<br/>Program" provided by the DON on<br/>3/7/2011 at 11:15 A.M., indicated<br/>"In an effort to keep each resident<br/>hydrated, bedside water will be<br/>provided and other fluids will be<br/>offered at and between meals.<br/>Procedural Guidelines: A. All<br/>residents will be offered fluids with<br/>each meal. Fresh ice water will be<br/>at the bedside of each resident<br/>unless the resident specifies that<br/>they do not like ice water.... F.<br/>Fluid intake is to be documented<br/>using the Food Consumption<br/>Record or an Intake and Output<br/>Record."</p> <p>This federal tag refers for complaint<br/>IN00086620.</p> <p>3.1-46(b)</p> |   |  |  |  |   |                            |



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